Signature

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

## FORM-GB

| Gift o | or Boqu  | est info | rmation  | received |
|--------|----------|----------|----------|----------|
| by a   | departn  | nent or  | accepte  | d by the |
| Gove   | PENOL OR | hehalf   | of the s | lele     |

| For office use only         |   |
|-----------------------------|---|
| For office use only Indexed |   |
| Audited                     | _ |
| Checked                     | _ |
| Compuler                    | _ |
|                             |   |

July 17, 2018

Date

| IA Department of Human Rights                                                   |                                                                                                                            |  |  |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--|--|
| Name of Department or Office 321 E 12th Street Desi                             | Moines IA 50319                                                                                                            |  |  |
| ing Address City, State, Zip Code                                               |                                                                                                                            |  |  |
| Area Code & Telephone No.                                                       |                                                                                                                            |  |  |
| ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE                                |                                                                                                                            |  |  |
| Sonia Reyes-Sayder                                                              |                                                                                                                            |  |  |
| Name                                                                            |                                                                                                                            |  |  |
| Malling Address (if different from above) sonia.reyes-snyder@lova.gov           | Cily, State, Zip (if different from above)                                                                                 |  |  |
| Email Address                                                                   | Area Code & Telephone Number (if different from above)                                                                     |  |  |
| ONOR OF GIFT OR BEQUEST:                                                        |                                                                                                                            |  |  |
| Diversity Insurance, Inc., Seguros Mundo Latino<br>Name                         |                                                                                                                            |  |  |
| 1541 E Grand Ave Des Moines IA 50316                                            |                                                                                                                            |  |  |
| Mailing Address City, State, Zip Code                                           | July 17, 2018 \$500.00                                                                                                     |  |  |
|                                                                                 | Date of Gift or Bequest Amount/Value*                                                                                      |  |  |
| Area Code & Telephone Number                                                    | *value is defined as "fair market value" of item as determined by receiving department of office. If no value mark "0.00". |  |  |
| Email Address (optional)                                                        | Tasasang dapaninant of omos. If no value mair v.ov.                                                                        |  |  |
| Provide a description of the gift or bequest and purpose thereof:               |                                                                                                                            |  |  |
| Donation for 2018 Latino Hall of Fame - 0186-LADN-                              | Λ2                                                                                                                         |  |  |
| 20 material 2010 Eaging Hair of Lame - 0100-DADIV-                              | 03                                                                                                                         |  |  |
| Criteria to use this form:                                                      |                                                                                                                            |  |  |
| Receipt of any giff or hequart that is received by any department of the sec    | As a second to the Construction below to the                                                                               |  |  |
| Receipt of any gift or bequest that is received by any department of the sta    | te of received by the Governor on behalf of the state,                                                                     |  |  |
|                                                                                 |                                                                                                                            |  |  |
| atement of Affirmation:                                                         |                                                                                                                            |  |  |
| Some Reyes-Snyder affirm that the gift or bequest reported above it             | is accurate. I further affirm that the information concerning the donor and                                                |  |  |
| sessment of the fair market value (if applicable) is correct and true to the be | st of my knowledge,                                                                                                        |  |  |